

CONSENT FOR INITIAL SPECIAL EDUCATION EVALUATION

Student's Name: _____ Date Given or Sent to Student's Parent/Guardian: _____

Birthdate: _____ Age: _____ School District: _____

STUDENT INFORMATION

Address of Student _____ City _____ Zip Code _____

Gender _____ Race _____ Native Language of Student _____

School Building _____ Teacher _____ Grade _____

Parent/Guardian _____ Native Language of Family _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

PURPOSE

We have received a referral indicating that your student may have a disability and may need special education services and/or programs. To determine initial eligibility for these services and/or programs, we are requesting your consent to conduct the necessary evaluation(s).

Person Making Referral _____ Title _____ Date _____

Reason for Referral _____

PARTICIPANTS

The person(s) indicated **may** be involved in the observation and/or evaluation of your student:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teacher/Teacher Consultant | <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Other: _____ |

EVALUATION

The assessment area(s) indicated **may** be involved in the observation and/or evaluation of your student:

- ☐ Achievement Level—The skill level in school subjects such as math, reading and writing
- ☐ Adaptive Skills—The skills used in the school or home environment
- ☐ Cognitive Ability—The capacity to think and learn
- ☐ Motor Ability—The ability to move in a coordinated, purposeful manner
- ☐ Personality—The accuracy with which one perceives self, others and the environment
- ☐ Social/Emotional Adjustment—The skills to build and maintain appropriate interpersonal relationships
- ☐ Speech and Language Skills—The ability to use and understand verbal and nonverbal communication
- ☐ Other (Explain): _____
- ☐ Other (Explain): _____

CONSENT

I, as parent/guardian, **1)** have received a copy of Special Education Parent Handbook, **2)** understand the contents of this notice and: (Choose one)

- ☐ I **consent** to the proposed evaluation.
- ☐ I **do not consent** to the proposed evaluation. (Explain concerns) _____

Parent/Guardian Signature: _____ Date of Consent: _____

Administrator Receiving Consent: _____ Date Received: _____

BEFORE RETURNING THIS FORM PLEASE:

- ✓ Check/correct the student and parent information given above.
- ✓ Check/correct the native language information listed above.
- ✓ Complete, sign and date this form.
- ✓ Contact us with any questions.

PLEASE SIGN AND RETURN FORM WITHIN 7 DAYS TO

School Telephone _____